

XANAX® Tablets (alprazolam)

INDICATIONS AND USAGE

Anxiety disorders, short-term relief of the symptoms of anxiety, and anxiety associated with depression. Anxiety or tension associated with the stress of everyday life usually does not require an anxiolytic. Effectiveness for more than four months has not been established; periodically reassess the usefulness of the drug for the individual patient.

CONTRAINDICATIONS

Sensitivity to XANAX or other benzodiazepines, and in acute narrow angle glaucoma.

WARNINGS

Benzodiazepines can cause fetal harm in pregnant women, hence women who may become pregnant should be warned. Avoid during the first trimester. Withdrawal seizures have been reported upon rapid dose reduction or abrupt discontinuation, thus reduce dose gradually. (See Drug Abuse and Dependence and Dosage and Administration.)

PRECAUTIONS

General: If XANAX is combined with other psychotropics or anticonvulsants, consider drug potentiation. (See Drug Interactions). Use the usual precautions in patients with renal or hepatic impairment and regarding prescription size in depressed and suicidal patients. In elderly and debilitated patients, use the lowest possible dose. (See Dosage and Administration.) Hypomania and mania has been reported in depressed patients.

Information for Patients: Alert patients about: (a) consumption of alcohol and drugs, (b) possible fetal abnormalities, (c) operating machinery or driving, (d) not increasing dose of the drug due to risk of dependence, (e) not stopping the drug abruptly.

Laboratory Tests: Not ordinarily required in otherwise healthy patients. **Drug Interactions:** Additive CNS depressant effects with other psychotropics, anticonvulsants, antihistamines, ethanol and other CNS depressants. Plasma levels of imipramine and desipramine are increased. Pharmacokinetic interactions with other drugs have been reported. Cimetidine can delay clearance of benzodiazepines. **Drug/Laboratory Test Interactions:** No consistent pattern for a drug or test. **Carcinogenesis, Mutagenesis, Impairment of Fertility:** No carcinogenic potential or impairment of fertility in rats.

Pregnancy: See Warnings. **Nonteratogenic Effects:** The child born of a mother on benzodiazepines may be at some risk for withdrawal symptoms, neonatal flaccidity and respiratory problems. **Labor and Delivery:** No established use. **Nursing Mothers:** Benzodiazepines are excreted in human milk. Women on XANAX should not nurse. **Pediatric Use:** Safety and effectiveness in children below the age of 18 have not been established.

ADVERSE REACTIONS

Side effects are generally observed at the beginning of therapy and usually disappear with continued medication. In the usual patient, the most frequent side effects are likely to be an extension of the pharmacologic activity of XANAX, e.g., drowsiness or lightheadedness.

Central nervous system: Drowsiness, lightheadedness, depression, headache, confusion, insomnia, nervousness, syncope, dizziness, akathisia, and tiredness/sleepiness. **Gastrointestinal:** Dry mouth, constipation, diarrhea, nausea/vomiting, and increased salivation. **Cardiovascular:** Tachycardia/palpitations, and hypotension. **Sensory:** Blurred vision. **Musculoskeletal:** Rigidity and tremor. **Cutaneous:** Dermatitis/allergy. **Other side effects:** Nasal congestion, weight gain, and weight loss.

Withdrawal seizures with rapid decrease or abrupt discontinuation. (See Warnings.)

The following adverse events have been reported with benzodiazepines: dystonia, irritability, concentration difficulties, anorexia, transient amnesia or memory impairment, loss of coordination, fatigue, seizures, sedation, slurred speech, jaundice, musculoskeletal weakness, pruritus, diplopia, dysarthria, changes in libido, menstrual irregularities, incontinence, and urinary retention.

Paradoxical reactions such as stimulation, agitation, rage, increased muscle spasticity, sleep disturbances, and hallucinations may occur. Should these occur, discontinue the drug.

During prolonged treatment, periodic blood counts, urinalysis, and blood chemistry analysis are advisable. Minor EEG changes, of unknown significance, have been observed.

Liver enzyme elevations, gynecomastia and galactorrhea have been reported but no causal relationship was established.

DRUG ABUSE AND DEPENDENCE

Physical and Psychological Dependence: Withdrawal symptoms including seizures have occurred following abrupt discontinuance or rapid dose reduction of benzodiazepines. (See Warnings). Dosage should be gradually tapered under close supervision. Patients with a history of seizures or epilepsy should not be abruptly withdrawn from XANAX. Addiction-prone individuals should be under careful surveillance. **Controlled Substance Class:** XANAX is a controlled substance and has been assigned to schedule IV.

OVERDOSAGE

Manifestations include somnolence, confusion, impaired coordination, diminished reflexes and coma. No delayed reactions have been reported.

DOSAGE AND ADMINISTRATION

Dosage should be individualized.

The usual starting dose is 0.25 to 0.5 mg, t.i.d. Maximum total daily dose is 4 mg. In the elderly or debilitated, the usual starting dose is 0.25 mg, two or three times daily. Reduce dosage gradually when terminating therapy, by no more than 0.5 mg every three days.

HOW SUPPLIED

XANAX Tablets are available as 0.25 mg, 0.5 mg, and 1 mg tablets.

CAUTION:

FEDERAL LAW PROHIBITS DISPENSING WITHOUT PRESCRIPTION.

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Upjohn

THE UPIJOHN COMPANY
Kalamazoo, Michigan 49001, USA

J-9135
April 1988

The Western Journal of Medicine

(ISSN 0093-0415/USPS 084 480)
is published monthly for \$30 per year (USA and Canada) by the California Medical Association, 221 Main Street, San Francisco, CA 94105. Second-class postage paid at San Francisco, CA and additional mailing offices.

POSTMASTER:

Send address changes to
The Western Journal of Medicine
Circulation, P.O. Box 7602
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The Western Journal of Medicine

SINCE 1902

ISSN 0093-0415

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Official Journal of the Arizona Medical Association, the California Medical Association, the Idaho Medical Association, the Nevada State Medical Association, the New Mexico Medical Society, the Utah Medical Association, the Washington State Medical Association, and the Wyoming Medical Society.

Affiliated Clinical Investigation Societies: the Western Association of Physicians; the Western Society for Clinical Investigation; the Western Section, American Federation for Clinical Research; the Western Society for Pediatric Research; the Western Region, Society for Investigative Dermatology.

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The subscription price per year is \$30 in the United States and Canada (US funds); \$50 in all other countries. Single copies are \$5.00. USA/CANADA postage and handling included. All other countries add US \$4.23 Air Printed Matter Postage. Address all subscription communications to:

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Manuscripts for consideration should be sent to the editor, Malcolm S. M. Watts, MD, PO Box 7602, San Francisco, CA 94120-7602.

"Information for Authors"—A complete guide to manuscript submission and WJM style appears in the January and July issues. Manuscripts may be prepared in accordance with the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" (*Annals of Internal Medicine*, Feb 1988; *The Medical Journal of Australia*, Feb 1988).

Author Responsibility—Authors are responsible for all statements, conclusions and methods of presenting subjects. Articles are accepted on condition that they are contributed solely to this journal.

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Clinical Investigation—Papers that authors wish considered for the Clinical Investigation section should be so designated in the transmittal letter. Such papers should describe experimental work in humans that extensively and prospectively examines scientific hypotheses relating to disease.

The Western Journal of Medicine

(ISSN 0093-0415/USPS 084 480) is published monthly for \$30 per year (USA and Canada) by the California Medical Association, 221 Main Street, San Francisco, CA 94105. Second-class postage paid at San Francisco and additional mailing offices.

POSTMASTER: Send address changes to *The Western Journal of Medicine*, Circulation, PO Box 7602, San Francisco, CA 94120-7602.

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ARIZONA

The following list of continuing medical education programs in Arizona is compiled by the Arizona Medical Association. All courses listed have been certified as meeting the criteria for Category I of the ArMA CME Certificate and the AMA Physicians Recognition Award. To list Category I continuing medical education programs, please send information to Arizona Medical Association, 810 West Bethany Home Road, Phoenix, AZ 85013; or phone (602) 246-8901.

Brochures and registration forms are available from the contact person or organization sponsoring the program.

April 28-29—**Recent Advances in Cardiovascular Diseases.** The Registry Resort, Scottsdale. Fri-Sat. Contact: Jodi Lee Smith, Mayo Clinic Scottsdale, (602) 391-8300.

June 1—**1989 Arizona Medical Association Annual Meeting—Current Perspectives.** The Pointe at South Mountain. Thurs. Contact: ArMA.

CONTACT INFORMATION

ArMA—Contact: Arizona Medical Association, 810 W. Bethany Home Rd, Phoenix, AZ 85013. (602) 246-8901.

U of A—Contact: University of Arizona College of Medicine, Arizona Health Sciences Center, Tucson, AZ 85724. (602) 626-6707.

CALIFORNIA, HAWAII, AND NEVADA

This listing of continuing education programs in California, Hawaii, and Nevada is supplied by the Committee on Continuing Medical Education of the California Medical Association. All courses and meetings listed have been approved for Category I credit toward the CMA Certificate in Continuing Medical Education. To have accredited courses listed here, please send information at least two months in advance to Department of Continuing Medical Education, California Medical Association, PO Box 7690, San Francisco 94120-7690; or phone (415) 541-0900. For a list of organizations approved for Category I credit toward the CMA Certificate in Continuing Medical Education or for more information on accreditation or certification, please write to the above address.

ALLERGY

April 15—**Selected Topics in Allergy.** UCLA at Los Angeles Airport Hyatt. Sat. 5 hrs. \$30. Contact: UCLA.

July 21-22—**American In-Vitro Allergy/Immunology Society Annual Program.** American In-Vitro Allergy/Immunology Society at San Diego Marriott Hotel and Marina. Fri-Sat. 12 hrs. \$200. Contact: Betty Kahler, PO Box 459, Lake Jackson, TX 77566. (409) 297-5636.

September 21-22—**Advances in the Diagnosis and Treatment of Allergic Diseases.** UCSF at Hyatt Union Square, San Francisco. Thurs-Fri. \$200. Contact: UCSF.

ANESTHESIOLOGY

June 15-18—**California Society of Anesthesiologists: 1989 Annual Meeting.** California Society of Anesthesiologists at Monterey Conference Center. Thurs-Sun. 20 hrs. \$150. Contact: CSA, 1065 E Hillsdale Blvd, Ste 410, Foster City 94404. (415) 345-3020.

August 13-18—**Hawaiian Seminar on Clinical Anesthesia.** California Society of Anesthesiologists at Sheraton Kauai Hotel, Poipu Beach, Hawaii. Sun-Fri. 20 hrs. \$325. Contact: CSA, 1065 E Hillsdale Blvd, Ste 410, Foster City 94404. (415) 345-3020.

October 22-28—**Hawaiian Seminar on Clinical Anesthesia.** California Society of Anesthesiologists at Stouffer's Resort Hotel, Wailea, Maui, Hawaii. Sun-Sat. 20 hrs. \$325. Contact: CSA, 1065 E Hillsdale Blvd, Ste 410, Foster City 94404. (415) 345-3020.

CARDIOLOGY

April 24-May 3—**Cardiology for the Consultant.** Scripps Clinic and Research Foundation at Rancho Santa Fe Inn. 1 1/2 weeks. 40 hours. \$900. Contact: Bonny Mower, 10666 N Torrey Pines Rd, La Jolla 92037. (619) 554-8556.

May 12-13—**Arrhythmias: Interpretation, Diagnosis and Management.** Medical Education Resources at Sheraton Fisherman's Wharf. Fri-Sat. Contact: Deborah Wilderson, Educational Coordinator, Division of CME, 5808 S Rapp St, Ste 202, Littleton, CO 80120. (800) 421-3756.

KEY TO ABBREVIATIONS

- CMA: California Medical Association
Contact: Continuing Medical Education, California Medical Association, PO Box 7690, San Francisco 94120-7690. (415) 541-0900.
- DREW: Charles R. Drew Postgraduate Medical School
Contact: Herbert M. Thomas, MD, MPH, Director of CME, Office of Continuing Education, Charles R. Drew Postgraduate Medical School, 1621 East 120th Street, Los Angeles 90059. (213) 603-3183.
- LLU: Loma Linda University
Contact: James J. Couperus, MD, Associate Dean for Educational Affairs, Loma Linda University School of Medicine, Loma Linda 92350.
- PMC: Pacific Medical Center
Contact: Continuing Education, Pacific Medical Center, PO Box 7999, San Francisco 94120. (415) 563-4321, ext 2761.
- STAN: Stanford University
Contact: Edward Rubenstein, MD, Associate Dean for Postgraduate Education, Medical School Office Building, Suite X-365, Stanford 94305-6114. (415) 723-5594.
- UCD: University of California, Davis
Contact: Ruth Feryok, Director, Office of Continuing Medical Education, University of California, Davis, School of Medicine, 2701 Stockton Boulevard, Sacramento 95817. (916) 453-5390.
- UCI: University of California, Irvine
Contact: Melvin I. Marks, MD, Assistant Dean, University of California, Irvine, California College of Medicine, c/o UCI/CME Program, Memorial Medical Center, 2801 Atlantic Avenue, Long Beach 90801-1428. (213) 595-3811, or (714) 856-5414, UCI Extension.
- UCLA: University of California, Los Angeles
Contact: Martin D. Shickman, MD, Director, Continuing Education in Medicine and the Health Sciences, PO Box 24902, UCLA, Los Angeles 90024. (213) 825-7186.
- UCSD: University of California, San Diego
Contact: Office of Continuing Medical Education, University of California, San Diego, School of Medicine (M-017), La Jolla 92093. (619) 534-3713.
- UCSF: University of California, San Francisco
Contact: Robert Maggio, Administrative Director, Extended Programs in Medical Education, School of Medicine, University of California, San Francisco 94143. (415) 476-4251.
- USC: University of Southern California
Contact: Phil R. Manning, MD, Associate Dean, Postgraduate Division, University of Southern California School of Medicine, 1975 Zonal Ave, KAM314, Los Angeles 90033. (213) 224-7051.

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CONTINUING MEDICAL EDUCATION

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- June 16-17—**Coronary Heart Disease.** Medical Education Resources at Hyatt Lake Tahoe. Fri-Sat. Contact: Deborah Wilderson, Educational Coordinator, Division of CME, 5808 S Rapp St, Ste 202, Littleton, CO 80120. (800) 421-3756.
- June 23-24—**Advanced Cardiac Life Support.** UCI at Center for Health Education, Long Beach. Fri-Sat. Contact: UCI.
- June 24—**Cardiology, Holter Monitoring, and Stress Testing Workshop.** Continuing Medical Education Associates at Holiday Inn Union Square, San Francisco. Sat. 7 hrs. \$195. Contact: Jacqueline Shiller, PO Box 84296, San Diego 92138. (619) 223-2997.
- July 7-8—**Case Studies in ECG Interpretation and Arrhythmia Management.** Medical Education Collaborative at San Diego. Fri-Sat. 12 hrs. \$295. Contact: MEC, 133 S Van Gordon St, Ste 315, Lakewood, CO 80228. (800) 442-6632.
- July 15—**Cardiology, Holter Monitoring, and Stress Testing Workshop.** Continuing Medical Education Associates at Grand Hotel, Anaheim. Sat. 7 hrs. \$195. Contact: Jacqueline Shiller, PO Box 84296, San Diego 92138. (619) 223-2997.
- July 21-22—**Arrhythmias: Interpretation, Diagnosis and Management.** Medical Education Resources at Disneyland Hotel, Anaheim. Fri-Sat. Contact: Deborah Wilderson, 5808 S Rapp St, Ste 202, Littleton, CO 80120. (800) 421-3756.

DERMATOLOGY

- June 2-3—**Southwestern Regional Cutaneous Flap Workshop.** UCLA Center for Health Sciences. Fri-Sat. 15 hrs. Contact: Daniel E. Gormley, MD, 412 W Carroll, Ste 207, Glendora 91740. (818) 963-7684.
- June 25—**Dermatology and Dermatologic Office Procedures Workshop.** Continuing Medical Education Associates at Holiday Inn Union Square, San Francisco. Sun. 7 hrs. \$195. Contact: Jacqueline Shiller, PO Box 84296, San Diego 92138. (619) 223-2997.
- July 16—**Dermatology and Dermatologic Office Procedures Workshop.** Continuing Medical Education Associates at Grand Hotel, Anaheim. Sun. 7 hrs. \$195. Contact: Jacqueline Shiller, PO Box 84296, San Diego 92138. (619) 223-2997.
- August 4-5—**Southwestern Regional Cryostat and Microscopically Controlled Surgical Workshop.** UCSF. Fri-Sat. 15 hrs. Contact: Daniel E. Gormley, MD, 412 W Carroll, Ste 207, Glendora 91740. (818) 963-7684.

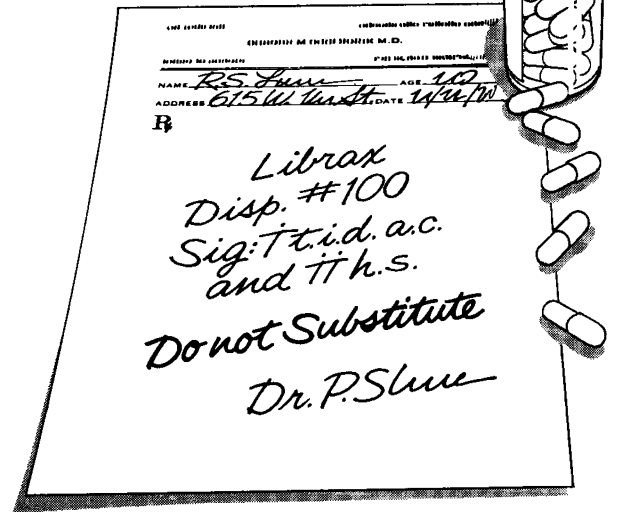
EMERGENCY MEDICINE

- April 26-28—**8th Annual Modern Concepts in Trauma Care Symposium.** Orange County Trauma Society at Disneyland Hotel, Anaheim. Wed-Fri. 17 hrs. Contact: Orange County Trauma Society, 321 N Rampart, Ste 100, Orange 92668. (714) 937-5030.
- May 1-5—**Postgraduate Institute for Emergency and Primary Care Physicians, Symposia I, II, III and Optional Advanced Emergency Procedures Laboratory.** UCSF at San Diego Marriott Hotel & Marina. Mon-Fri. 32 hrs. \$450. Contact: UCSF.
- June 19-23—**Postgraduate Institute for Emergency and Primary Care Physicians, Symposia I, II, III and Optional Advanced Emergency Procedures Laboratory.** UCSF at Hanalei Hotel, Hawaii. Mon-Fri. 32 hrs. \$450. Contact: UCSF.
- June 23-24—**Advanced Cardiac Life Support.** Center for Health Education at Long Beach. Fri-Sat. Contact: Center for Health Education, 2801 Atlantic Ave, PO Box 1428, Long Beach 90801-1428. (213) 595-3811.
- June 24-25—**11th Annual Poison Center Symposium: Emergency Medicine and Toxicology.** UCSF at Cathedral Hill Hotel, San Francisco. Sat-Sun. 16 hrs. \$280. Contact: UCSF.
- August 21-25—**Postgraduate Institute for Emergency and Primary Care Physicians, Symposia I, II, III and Optional Advanced Emergency Procedures Laboratory.** UCSF. Mon-Fri. 32 hrs. \$450. Contact: UCSF.

INTERNAL MEDICINE

- April-June—**Seminars in Cytopathology 1989.** UCSF at Health Sciences Room 300. Thurs/monthly. 12 hrs. \$140 full series/\$30 single. Contact: UCSF.

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Specify Adjunctive
LIBRAX®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Please consult complete prescribing information, a summary of which follows:

- * **Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:
 "Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.
 Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium Br.
Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving).

Usage in Pregnancy: Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.

As with all anticholinergics, inhibition of lactation may occur.

Withdrawal symptoms of the barbiturate type have occurred after discontinuation of benzodiazepines (see Drug Abuse and Dependence).

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established. Inform patients to consult physician before increasing dose or abruptly discontinuing this drug.

Adverse Reactions: No side effects or manifestations not seen with either compound alone reported with Librax. When chlordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, i.e., dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

Drug Abuse and Dependence: Withdrawal symptoms similar to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of chlordiazepoxide; more severe seen after excessive doses over extended periods; milder after taking continuously at therapeutic levels for several months. After extended therapy, avoid abrupt discontinuation and taper dosage. Carefully supervise addiction-prone individuals because of predisposition to habituation and dependence.

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CONTINUING MEDICAL EDUCATION

(Continued from Page 408)

April 15—**Common Presentations of Uncommon Conditions; Uncommon Presentations of Common Conditions.** Los Angeles Pediatric Society at Childrens Hospital, Los Angeles. Sat. Contact: Eve Black, Los Angeles Pediatric Society, PO Box 2022, Inglewood 90305. (213) 757-1198.

April 27-28—**Prenatal Genetics Diagnosis and Fetal Therapy.** UCI at Newport Marriott. Thurs-Fri. Contact: UCI.

June 10—**Atherosclerosis; Pathogenesis and Screening.** Los Angeles Pediatric Society at Kaiser Permanente, Panorama City. Sat. Contact: Eve Black, Los Angeles Pediatric Society, PO Box 2022, Inglewood 90305. (213) 757-1198.

June 10—**Hypertension in Children.** Los Angeles Pediatric Society at Kaiser Permanente, Panorama City. Sat. Contact: Eve Black, Los Angeles Pediatric Society, PO Box 2022, Inglewood 90305. (213) 757-1198.

June 10—**Office Evaluation of Sports Injuries.** Los Angeles Pediatric Society at Kaiser Permanente, Panorama City. Sat. Contact: Eve Black, Los Angeles Pediatric Society, PO Box 2022, Inglewood 90305. (213) 757-1198.

June 10—**Fitness Training in Children.** Los Angeles Pediatric Society at Kaiser Permanente, Panorama City. Sat. Contact: Eve Black, Los Angeles Pediatric Society, PO Box 2022, Inglewood 90305. (213) 757-1198.

June 23-24—**Breastfeeding for Health Professionals.** UCSF at Hyatt Oakland International Airport. Fri-Sat. 10 hrs. \$75. Contact: UCSF.

July 10-12—**Seminar for Physicians: Breastfeeding: A Natural World Resource.** La Leche League International at Anaheim Hilton and Towers. Mon-Wed. 16 hrs. Contact: LLLI, 9616 Minneapolis Ave, Franklin Park, IL 60131. (312) 455-7730.

July 18—**22nd Annual Advances and Controversies in Clinical Pediatrics.** UCSF at Mark Hopkins Hotel Nob Hill, San Francisco. Thurs-Sat. 16 hrs. \$275. Contact: UCSF.

October 14-21—**14th Annual Pediatrics for the Practitioner.** UCI at Mauna Kea, Hawaii. 1 week. Contact: UCI.

RADIOLOGY

April 16-21—**9th Annual San Diego Residents Radiology Review Course.** UCSD at Town and Country Hotel, San Diego. Sun-Fri. 39 hrs. \$425. Contact: Dawne Ryals, Ryals & Associates. (404) 641-9773.

April 28-30—**14th Annual Spring Diagnostic Ultrasound Conference.** Los Angeles Radiological Society at Century Plaza Hotel, Los Angeles. Fri-Sun. 20 hrs. Contact: LARS, PO Box 91215, Los Angeles 90009-1215. (213) 827-9078.

May 2-6—**9th Annual Mid-Pacific Diagnostic Ultrasound Conference.** Los Angeles Radiological Society at Royal Waikoloan Hotel, The Big Island of Hawaii. Tues-Sat. 19 hrs. \$395. Contact: LARS, PO Box 91215, Los Angeles 90009-1215. (213) 827-9078.

July 27-30—**3rd Annual Symposium on Magnetic Resonance Imaging.** Ritz-Carlton Resort Hotel, Laguna Niguel. Thurs-Sun. 23 hrs. \$395. Contact: Dawne Ryals, PO Box 1925, Roswell, GA 30077-1925. (404) 641-9773.

July 30-August 3—**Napa Valley Imaging Update: MRI 1989.** UCD at Silverado Country Club, Napa Valley. Sun-Thurs. 17 hrs. \$435. Contact: Nina Musselman, (916) 453-5390.

July 31-August 4—**Modern Radiology Practice.** UCSD at Four Seasons Biltmore Hotel, Santa Barbara. Mon-Fri. 24 hrs. \$395. Contact: Dawne Ryals, PO Box 1925, Roswell, GA 30077-1925. (404) 641-9773.

SURGERY

April-October—**Temporal Bone Surgical Dissection Courses: 1989.** House Ear Institute, 5 days per month. 53 hrs. \$975. Contact: Antonio De la Cruz, MD, Director of Education, House Ear Institute, 256 S Lake St, Los Angeles 90057. (213) 483-4431.

(Continued on Page 413)

CONTINUING MEDICAL EDUCATION

(Continued from Page 409)

May 6-13—**Management of the Surgical Patient.** STAN at Mauna Kea Beach Hotel, Hawaii. Sun-Fri. 25 hrs. \$450. Contact: STAN.

May 20—**6th Annual San Diego Meeting on Arthroscopic Surgery of the Shoulder.** Tri-City Orthopaedic Surgery Medical Group at La Jolla Marriott Hotel. Mon. Contact: James C. Esch, MD, 3905 Waring Rd, Oceanside 92056. (619) 598-0080.

OF INTEREST TO ALL PHYSICIANS

April 19-21—**8th Annual Bright Horizons in Respiratory Care.** Anenberg Center for Health Sciences at Eisenhower. Wed-Fri. Contact: ACHS, 39000 Bob Hope Dr, Rancho Mirage 92270.

April 19-22—**4th International Symposium: Gyn/Onc/Surg/Urol.** UCI at Newport Beach Sheraton. Wed-Sat. 15 hrs. Contact: UCI.

April 26—**15th Annual Visiting Professor Program.** Saint Vincent Medical Center at Century Plaza Hotel, Los Angeles. Wed. Contact: Leah M. Nelson, (213) 484-5591.

April 29-30—**Clinical Strategies for the Primary Care Physician: Focus on the Aging Patient.** American Academy of Family Physicians Santa Clara at Monterey Conference Center Steinbeck Forum. Sat-Sun. 9 hrs. \$150. Contact: Eugene Greider, MD, 877 Fremont Ave, Bldg J, Sunnyvale 94087. (408) 736-6222.

April 29-30—**The Cutting Edge 1989 Erotic Mysteries: Resolving Obstacles to Intimacy.** UCSD at San Diego Marriott Hotel & Marina. Sat-Sun. 12.5 hrs. \$295. Contact: Cass Jones, Meeting Management, 3770 Tansy St, San Diego 92121. (619) 453-6222.

April 30-May 3—**12th Annual National Conference on Rural Health: Redesigning Rural Health: Blueprints for Success.** National Rural Health Association at Bally's Hotel, Reno, Nevada. Sun-Wed. Contact: Robert Quick, Communications Director. (816) 756-3140.

May 3-5—**10th Annual Advances in Infectious Diseases: Current Therapy.** UCSF at Stanford Court, San Francisco. Wed-Fri. \$365. Contact: UCSF.

May 10—**Laboratory Medicine Symposium.** Enloe Hospital and Chico Community Hospital at The Esplanade Building, Chico. Wed. 6 hrs. Contact: Bonnie Wells, Medical Staff Office, Enloe Hospital. (916) 891-7300.

May 13-14—**Controversial Diseases of the 80's.** UCLA at Hotel del Coronado, San Diego. Sat-Sun. 8 hrs. \$145. Contact: UCLA.

May 19-20—**Medical Consequences of Alcohol and Other Drugs.** UCSD. Thurs-Fri. 9 hrs. \$105. Contact: UCSD.

May 25-26—**5th Annual Current Issues in Anatomic Pathology.** UCSF at Holiday Inn Union Square, San Francisco. Thurs-Fri. 12 hrs. \$300. Contact: UCSF.

June 1-2—**8th Annual Occupational and Environmental Medicine Symposium with Postgraduate Mini-Courses.** UCD at Capitol Plaza Holiday Inn, Sacramento. Thurs-Fri. 17 hrs. \$130. Contact: UCD.

June 4-9—**The Power of the Art: Humanism, Healing and Health Care.** Kauai Foundation for Continuing Education and The Hawaii Medical Association at Poipu Beach, Kauai. Sun-Fri. 25 hrs. \$395. Contact: David J. Elperin, MD, 3420-B, Kuhio Highway, Lihue, HI 97666. (808) 245-5653.

June 11-16—**Family Practice Refresher Course.** UCI at Newport Beach Sheraton. Sun-Fri. 30 hrs. Contact: UCI.

June 23—**Colon Cancer Screening and Flexible Sigmoidoscopy Workshop.** Continuing Medical Education Associates at Holiday Inn Union Square, San Francisco. Fri. 7 hrs. \$195. Contact: Jacqueline Shiller, PO Box 84296, San Diego 92138. (619) 223-2997.

June 28—**AIDS Update: Essential Issues in Primary Care Management.** Alta Bates-Herrick Hospital at Alta Bates Auditorium, Berkeley. Wed. 7 hrs. \$75. Contact: Mary Grim, (415) 540-1420.

June 30-July 1—**Euthanasia: An Old/New Dilemma for Physicians.** UCSF at San Francisco. Fri-Sat. Contact: UCSF.

July 9-12—**3rd Annual Family Practice Board Review.** UCSD at Hanalei Hotel, San Diego. Sun-Wed. 20 hrs. \$355. Contact: Janice R. Turner, PO Box 2528, La Jolla 92038. (619) 459-9597.

July 10-13—**Family Practice Board Review Course.** UCSF at Holiday Inn Union Square, San Francisco. Mon-Thurs. 25 hrs. Contact: Division of Family and Community Medicine, 400 Parnassus Ave, A-C9, San Francisco 94143-0900. (415) 476-1482.

(Continued on Page 486)

TAGAMET® (brand of cimetidine)

See complete prescribing information in SK&F LAB CO. literature or PDR. The following is a brief summary.

Contraindications: 'Tagamet' is contraindicated for patients known to have hypersensitivity to the product.

Precautions: Rare instances of cardiac arrhythmias and hypotension have been reported following the rapid administration of 'Tagamet' HCl (brand of cimetidine hydrochloride) injection by intravenous bolus.

Symptomatic response to 'Tagamet' therapy does not preclude the presence of a gastric malignancy. There have been rare reports of transient healing of gastric ulcers despite subsequently documented malignancy.

Reversible confusional states have been observed on occasion, predominantly in severely ill patients.

'Tagamet' has been reported to reduce the hepatic metabolism of warfarin-type anticoagulants, phenytoin, propranolol, chlordiazepoxide, diazepam, certain tricyclic antidepressants, lidocaine, theophylline and metronidazole. Clinically significant effects have been reported with the warfarin anticoagulants; therefore, close monitoring of prothrombin time is recommended, and adjustment of the anticoagulant dose may be necessary when 'Tagamet' is administered concomitantly. Interaction with phenytoin, lidocaine and theophylline has also been reported to produce adverse clinical effects.

However, a crossover study in healthy subjects receiving either 'Tagamet' 300 mg. q.i.d. or 800 mg. h.s. concomitantly with a 300 mg. b.i.d. dosage of theophylline (Theo-Dur®, Key Pharmaceuticals, Inc.) demonstrated less alteration in steady-state theophylline peak serum levels with the 800 mg. h.s. regimen, particularly in subjects aged 54 years and older. Data beyond ten days are not available. [Note: All patients receiving theophylline should be monitored appropriately, regardless of concomitant drug therapy.]

In a 24-month toxicity study in rats, at dose levels approximately 8 to 48 times the recommended human dose, benign Leydig cell tumors were seen. These were common in both the treated and control groups, and the incidence became significantly higher only in the aged rats receiving 'Tagamet'.

A weak antiandrogenic effect has been demonstrated in animals. In human studies, 'Tagamet' has been shown to have no effect on spermatogenesis, sperm count, motility, morphology or in vitro fertilizing capacity.

Pregnancy Category B: Reproduction studies have been performed in rats, rabbits and mice at doses up to 40 times the normal human dose and have revealed no evidence of impaired fertility or harm to the fetus due to 'Tagamet'. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproductive studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Lack of experience to date precludes recommending 'Tagamet' for use in children under 16 unless anticipated benefits outweigh potential risks; generally, nursing should not be undertaken by patients taking the drug since cimetidine is secreted in human milk.

Adverse Reactions: Diarrhea, dizziness, somnolence, headache. Reversible confusional states [e.g., mental confusion, agitation, psychosis, depression, anxiety, hallucinations, disorientation], predominantly in severely ill patients, have been reported. Reversible impotence in patients with pathological hypersecretory disorders receiving 'Tagamet', particularly in high doses, for at least 12 months, has been reported. The incidence of impotence in large-scale surveillance studies at regular doses has not exceeded that commonly reported in the general population. Gynecomastia has been reported in patients treated for one month or longer. Decreased white blood cell counts in 'Tagamet'-treated patients (approximately 1 per 100,000 patients), including agranulocytosis (approximately 3 per million patients), have been reported, including a few reports of recurrence on rechallenge. Most of these reports were in patients who had serious concomitant illnesses and received drugs and/or treatment known to produce neutropenia. Thrombocytopenia (approximately 3 per million patients) and, very rarely, cases of aplastic anemia have also been reported. Increased serum transaminase has been reported. Reversible adverse hepatic effects, cholestatic or mixed cholestatic-hepatocellular in nature, have been reported rarely. Because of the predominance of cholestatic features, severe parenchymal injury is considered highly unlikely. A single case of biopsy-proven periportal hepatic fibrosis in a patient receiving 'Tagamet' has been reported. Increased plasma creatinine has been reported. Rare cases of fever, interstitial nephritis, urinary retention, pancreatitis and allergic reactions, including anaphylaxis and hypersensitivity vasculitis, have been reported. Rare cases of bradycardia, tachycardia and A-V heart block have been reported with H₂-receptor antagonists. Reversible arthralgia, myalgia and exacerbation of joint symptoms in patients with preexisting arthritis have been reported rarely. Rare cases of polymyositis have been reported, but no causal relationship has been established. Mild rash and, very rarely, cases of severe generalized skin reactions [e.g., Stevens-Johnson syndrome, epidermal necrolysis, erythema multiforme, exfoliative dermatitis and generalized exfoliative erythroderma] have been reported with H₂-receptor antagonists. Reversible alopecia has been reported very rarely.

How Supplied: Tablets: 200 mg. tablets in bottles of 100; 300 mg. tablets in bottles of 100 and Single Unit Packages of 100 (intended for institutional use only); 400 mg. tablets in bottles of 60 and Single Unit Packages of 100 (intended for institutional use only), and 800 mg. Tiltab® tablets in bottles of 30 and Single Unit Packages of 100 (intended for institutional use only).

Liquids: 300 mg./5 mL., in 8 fl. oz. (237 mL.) amber glass bottles and in single-dose units (300 mg./5 mL.), in packages of 10 (intended for institutional use only).

Injections:

Vials: 300 mg./2 mL. in single-dose vials, in packages of 10 and 30, and in 8 mL. multiple-dose vials, in packages of 10 and 25.

Pre-filled Syringes: 300 mg./2 mL. in single-dose pre-filled disposable syringes.

Single-Dose Premixed Plastic Containers: 300 mg. in 50 mL. of 0.9% Sodium Chloride in single-dose plastic containers, in packages of 4 units. No preservative has been added.

Exposure of the premixed product to excessive heat should be avoided. It is recommended the product be stored at controlled room temperature. Brief exposure up to 40°C does not adversely affect the premixed product.

ADD-Vantage® Vials: 300 mg./2 mL. in single-dose ADD-Vantage® Vials, in packages of 25.

'Tagamet' HCl (brand of cimetidine hydrochloride) Injection premixed in single-dose plastic containers is manufactured for SK&F Lab Co. by Baxter Healthcare Corporation, Deerfield, IL 60015.

* ADD-Vantage® is a trademark of Abbott Laboratories.

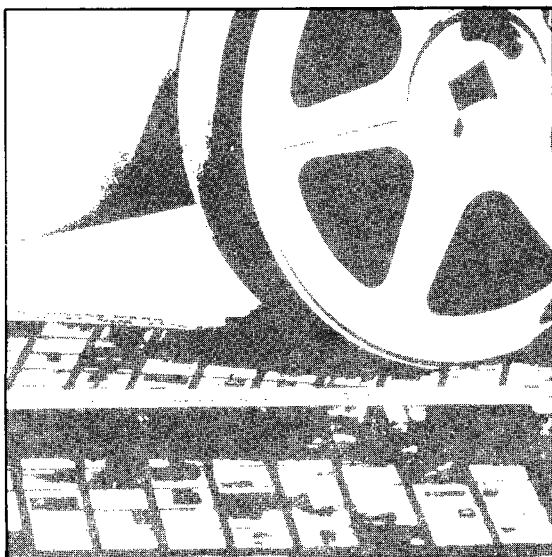
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Date of issuance Aug. 1988

SK&F LAB CO., Cidra, PR. 00639

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CONTINUING MEDICAL EDUCATION

(Continued from Page 413)

July 14—**Colon Cancer Screening and Flexible Sigmoidoscopy Workshop.** Continuing Medical Education Associates at Grand Hotel, Anaheim. Fri. 7 hrs. \$195. Contact: Jacqueline Shiller, PO Box 84296, San Diego 92138. (619) 223-2997.

July 31-August 3—**Practical Orthopaedic Sports Medicine.** Children's Hospital Oakland at Hyatt Regency, Waikoloa, Kona Coast, Hawaii. Mon-Thurs. 20 hrs. \$350. Contact: Stuart Zeman, MD, 2999 Regent St, No 203, Berkeley 94705. (415) 540-8686.

August 11-12—**Office Practice Enhancement: Non-invasive Diagnostic Testing.** Medical Education Collaborative at Lake Tahoe, Nevada. Fri-Sat. Contact: MEC, 133 S Van Gordon St, Ste 315, Lakewood, CO 80228. (800) 442-6632.

September 8-9—**Update in Clinical Cardiology for the Primary Care Physician.** Medical Education Collaborative at Napa. Fri-Sat. Contact: MEC, 133 S Van Gordon St, Ste 315, Lakewood, CO 80228. (800) 442-6632.

September 13-15—**Primary Care Medicine: Principles and Practice.** UCSF at The Portman, San Francisco. Wed-Fri. 20 hrs. \$385. Contact: UCSF.

October 19-21—**Occupational Low Back Pain Conference.** UCI at Queen Mary Hotel, Long Beach. Thurs-Sat. Contact: UCI.

October 30-November 3—**Current Topics in Occupational Medicine.** UCSF at Cathedral Hill Hotel, San Francisco. Mon-Fri. 40 hrs. \$550. Contact: UCSF.

October 31-November 3—**Therapeutic Hotline.** Stanford University Medical Center at Molokai, Hawaii. Tues-Fri. Contact: Paul H. Jacobs, MD, Dept of Dermatology, Room R-144, Stanford 94305. (415) 723-7854.

IDAHO

May 7-10—**Idaho Academy of Family Physicians—Annual Meeting.** Coeur d'Alene Convention Center. Sun-Wed. Contact: Irma Sparks, Exec Dir, Idaho Academy of Family Physicians, PO Box 175, Boise 83701. (208) 362-4808.

July 27-29—**Idaho Medical Association—Annual Meeting.** Sun Valley. Thurs-Sun. Contact: Idaho Medical Assn, 305 W Jefferson, PO Box 2668, Boise 83701.

August 7-8—**Northwest Regional Perinatal Conference—Current Issues in OB/GYN, Neonatology and Pediatrics.** Inland Empire Perinatal Center at Coeur d'Alene Resort. Mon-Tues. Contact: Inland Empire Perinatal Center, 411 Medical Center Bldg, Spokane, WA 99204. (509) 624-3182.

NEW MEXICO

Information, requests for accreditation and items to be listed should be sent to the chairman of the CME Committee, New Mexico Medical Society, 303 San Mateo NE, Suite 204, Albuquerque, NM 87108 at least two months in advance. For information on CME accreditation or on the CME requirements of the New Mexico Board of Medical Examiners, please write to the above address or call (505) 266-7868.

NOTE: Course information in the following listing is subject to change on occasion. Check with the sponsoring institution for current details.

May 11-13—**New Mexico Medical Society Annual Meeting—A Celebration of the University of New Mexico School of Medicine's 25th Year.** Holiday Inn Journal Center, Albuquerque. Contact: New Mexico Medical Society, 303 San Mateo NE, #204, Albuquerque 87108. (505) 266-7868.

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CONTINUING MEDICAL EDUCATION

(Continued from Page 486)

UTAH

This listing of continuing medical education courses in Utah is compiled and edited by the CME office of the Utah Medical Association. All courses listed have been certified by CME accredited institutions as meeting the criteria for Category 1 of the Physician's Recognition Award of the American Medical Association. They also must meet the definition of Utah Approved CME Credit for the purpose of medical license reregistration in Utah. Accredited institutions wishing to list AMA Category 1/Utah Approved CME courses here should send information at least two months in advance to the Office of Continuing Medical Education, 540 East Fifth South, Salt Lake City, Utah 84102; or phone (801) 355-5290. For information on CME accreditation or on the CME requirements of the Utah Physicians' Licensing Board, please write the CME office at the above address.

NOTE: Course information in the following listing is subject to change on occasion. Check with the sponsoring institution or the CME office for current details.

MEDICAL GRAND ROUNDS

Each Wed—8:00-9:00 a.m. Alternating between University of Utah Medical Center and VA Medical Center, Salt Lake City. Contact: William D. Odell, MD, PhD, Professor and Chairman, Dept of Internal Medicine, Univ of Utah, (801) 581-7606.

* * *

April 1—**Cytomegalovirus and Herpes Simplex Virus Infections in the Immunocompromised Patients: DX & TX** (Sponsor: UUMC). Sat. University of Utah, Salt Lake City. Contact: (801) 581-8664.

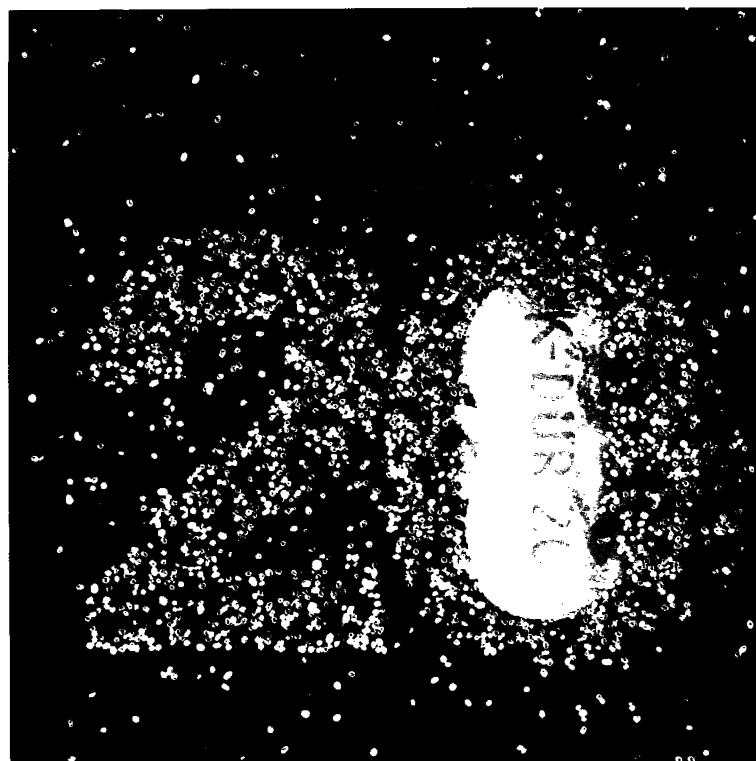
May 4-5—**Ethics and Health: Issues of Autonomy: Conflicts in Decision Making** (Sponsor: UUMC). Thurs-Fri. University of Utah, Salt Lake City. Contact: (801) 581-5809.

May 11-12—**Laser Surgery: Angioplasty** (Sponsor: UUMC). Thurs-Fri. University of Utah Health Science Center, Salt Lake City. Contact: Mike Johnson, (801) 581-3293.

SPONSORS OF COURSES—ABBREVIATIONS

- AHA: American Heart Association, Utah Affiliate, 645 E 400 South, Salt Lake City 84102. (801) 322-5601.
- BYUHS: Brigham Young University Health Services, McDonald Student Health Center, Brigham Young University, Provo 84602. (801) 378-2771.
- CH: Castlevue Hospital (formerly Carbon Hospital), RFD 2, Box 46, Price 84501. (801) 637-4800.
- CWH: Cottonwood Hospital, 5770 S 300 East, Salt Lake City 84101. (801) 262-3461.
- DMC: Dixie Medical Center, 544 S 400 East, St George 84770. (801) 673-9681.
- HCH: Holy Cross Hospital, 1045 E First South, Salt Lake City 84102. (801) 350-4744.
- ITS: Intermountain Thoracic Society, 1616 S 11th East, Salt Lake City 84105. (801) 484-4456.
- LDSH: LDS Hospital, 8th Ave and "C" St, Salt Lake City 84143. (801) 321-1100.
- LRH: Logan Regional Hospital, 1400 N 5th East, Logan 84321. (801) 752-2050.
- MDH: McKay-Dee Hospital Center, 3939 Harrison Blvd, Ogden 84409. (801) 399-4141.
- MVH: Mountain View Hospital, 1000 E Highway 6, Payson 84651. (801) 465-9201.
- 144: 144th Evacuation Hospital, PO Box 8000, Salt Lake City 84108. (801) 524-3924.
- OSS: Ogden Surgical Society, PO Box 9311, Ogden 84409.
- PCMC: Primary Children's Medical Center, 320 12th Ave, Salt Lake City 84103. (801) 363-1221.
- PVH: Pioneer Valley Hospital, 3460 S 4155 West, West Valley City 84120. (801) 968-9061.
- SMH: St Mark's Hospital, 1200 E 3900 South, Salt Lake City 84117. (801) 268-7111.
- UOS: Utah Ophthalmological Society, 540 E 500 South, Salt Lake City 84102. (801) 355-7477.
- USH: Utah State Hospital, PO Box 270, Provo 84603-0270. (801) 373-4400.
- UUMC: University of Utah Medical Center, 50 N Medical Dr, Salt Lake City 84132. (801) 581-2258.
- UVRMC: Utah Valley Regional Medical Center, 1034 N Fifth West, Provo 84604. (801) 373-7850.
- VAMC: Veterans Administration Medical Center, 500 Foothill Dr, Salt Lake City 84148. (801) 582-1565.
- VVMC: Valley View Medical Center, 595 S 75 East, Cedar City 84720. (801) 586-6587.

(Continued on Page 488)



Most patients need only one.

K-DURTM 20 Microburst Release System[™]
(potassium chloride) 20mEq Sustained Release Tablets

A daily prophylactic dose in a single tablet.

Please see next page for brief summary of prescribing information.

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K-DUR™ Microburst Release System (potassium chloride) Sustained Release Tablets

INDICATIONS AND USAGE: BECAUSE OF REPORTS OF INTESTINAL AND GASTRIC ULCERATION AND BLEEDING WITH SLOW-RELEASE POTASSIUM CHLORIDE PREPARATIONS, THESE DRUGS SHOULD BE RESERVED FOR THOSE PATIENTS WHO CANNOT TOLERATE OR REFUSE TO TAKE LIQUID OR EFFERESCENT POTASSIUM PREPARATIONS OR FOR PATIENTS IN WHOM THERE IS A PROBLEM OF COMPLIANCE WITH THESE PREPARATIONS.

1. For therapeutic use in patients with hypokalemia with or without metabolic alkalosis, in digitalis intoxication and in patients with hypokalemic familial periodic paralysis.

2. For the prevention of potassium depletion when the dietary intake is inadequate in the following conditions: Patients receiving digitalis and diuretics for congestive heart failure, hepatic cirrhosis with ascites, states of aldosterone excess with normal renal function, potassium-losing nephropathy, and with certain diarrheal states.

3. The use of potassium salts in patients receiving diuretics for uncomplicated essential hypertension is often unnecessary when such patients have a normal dietary pattern. Serum potassium should be checked periodically, however, and if hypokalemia occurs, dietary supplementation with potassium-containing foods may be adequate to control milder cases. In more severe cases supplementation with potassium salts may be indicated.

CONTRAINDICATIONS: Potassium supplements are contraindicated in patients with hyperkalemia since a further increase in serum potassium concentration in such patients can produce cardiac arrest. Hyperkalemia may complicate any of the following conditions: Chronic renal failure, systemic acidosis such as diabetic acidosis, acute dehydration, extensive tissue breakdown as in severe burns, adrenal insufficiency, or the administration of a potassium-sparing diuretic (e.g., spironolactone, triamterene).

Wax-matrix potassium chloride preparations have produced esophageal ulceration in certain cardiac patients with esophageal compression due to enlarged left atrium.

All solid dosage forms of potassium chloride supplements are contraindicated in any patient in whom there is cause for arrest or delay in tablet passage through the gastrointestinal tract. In these instances, potassium supplementation should be with a liquid preparation.

WARNINGS: Hyperkalemia—In patients with impaired mechanisms for excreting potassium, the administration of potassium salts can produce hyperkalemia and cardiac arrest. This occurs most commonly in patients given potassium by the intravenous route but may also occur in patients given potassium orally. Potentially fatal hyperkalemia can develop rapidly and be asymptomatic. The use of potassium salts in patients with chronic renal disease, or any other condition which impairs potassium excretion, requires particularly careful monitoring of the serum potassium concentration and appropriate dosage adjustment.

Interaction with Potassium Sparing Diuretics—Hypokalemia should not be treated by the concomitant administration of potassium salts and a potassium-sparing diuretic (e.g., spironolactone or triamterene) since the simultaneous administration of these agents can produce severe hyperkalemia.

Gastrointestinal Lesions—Potassium chloride tablets have produced stenotic and/or ulcerative lesions of the small bowel and deaths. These lesions are caused by a high localized concentration of potassium ion in the region of a rapidly dissolving tablet, which injures the bowel wall and thereby produces obstruction, hemorrhage or perforation.

K-DUR tablets contain micro-crystalloids which disperse upon disintegration of the tablet. These micro-crystalloids are formulated to provide a controlled release of potassium chloride. The dispersibility of the micro-crystalloids and the controlled release of ions from them are intended to minimize the possibility of a high local concentration near the gastrointestinal mucosa and the ability of the KCl to cause stenosis or ulceration. Other means of accomplishing this (e.g., incorporation of potassium chloride into a wax matrix) have reduced the frequency of such lesions to less than one per 100,000 patient years (compared to 40–50 per 100,000 patient years with enteric-coated potassium chloride) but have not eliminated them. The frequency of GI lesions with K-DUR tablets is, at present, unknown. K-DUR tablets should be discontinued immediately and the possibility of bowel obstruction or perforation considered if severe vomiting, abdominal pain, distention, or gastrointestinal bleeding occurs.

Metabolic Acidosis—Hypokalemia in patients with metabolic acidosis should be treated with an alkalinizing potassium salt such as potassium bicarbonate, potassium citrate, potassium acetate, or potassium gluconate.

PRECAUTIONS: The diagnosis of potassium depletion is ordinarily made by demonstrating hypokalemia in a patient with a clinical history suggesting some cause for potassium depletion. In interpreting the serum potassium level, the physician should bear in mind that acute alkalosis per se can produce hypokalemia in the absence of a deficit in total body potassium while acute acidosis per se can increase the serum potassium concentration into the normal range even in the presence of a reduced total body potassium. The treatment of potassium depletion, particularly in the presence of cardiac disease, renal disease, or acidosis requires careful attention to acid-base balance and appropriate monitoring of serum electrolytes, the electrocardiogram, and the clinical status of the patient.

Laboratory Tests: Regular serum potassium determinations are recommended. In addition, during the treatment of potassium depletion, careful attention should be paid to acid-base balance, other serum electrolyte levels, the electrocardiogram, and the clinical status of the patient, particularly in the presence of cardiac disease, renal disease, or acidosis.

Drug Interactions: Potassium-sparing diuretics; see **WARNINGS**.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Long-term carcinogenicity studies in animals have not been performed.

Pregnancy Category C: Animal reproduction studies have not been conducted with K-DUR. It is also not known whether K-DUR can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. K-DUR should be given to a pregnant woman only if clearly needed.

Nursing Mothers: The normal potassium ion content of human milk is about 13 mEq per liter. Since oral potassium becomes part of the body potassium pool, so long as body potassium is not excessive, the contribution of potassium chloride supplementation should have little or no effect on the level in human milk.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS: One of the most severe adverse effects is hyperkalemia (see **CONTRAINDICATIONS, WARNINGS, and OVERDOSAGE**). There have also been reports of upper and lower gastrointestinal conditions including obstruction, bleeding, ulceration, and perforation (see **CONTRAINDICATIONS and WARNINGS**); other factors known to be associated with such conditions were present in many of these patients.

The most common adverse reactions to oral potassium salts are nausea, vomiting, abdominal discomfort, and diarrhea. These symptoms are due to irritation of the gastrointestinal tract and are best managed by taking the dose with meals or reducing the dose.

Skin rash has been reported rarely.

OVERDOSAGE: The administration of oral potassium salts to persons with normal excretory mechanisms for potassium rarely causes serious hyperkalemia. However, if excretory mechanisms are impaired or if potassium is administered too rapidly intravenously, potentially fatal hyperkalemia can result (see **CONTRAINDICATIONS and WARNINGS**). It is important to recognize that hyperkalemia is usually asymptomatic and may be manifested only by an increased serum potassium concentration and characteristic electrocardiographic changes (peaking of T-waves, loss of P-waves, depression of S-T segment, and prolongation of the QT-interval). Late manifestations include muscle-paralysis and cardiovascular collapse from cardiac arrest.

Treatment measures for hyperkalemia include the following:

1. Elimination of foods and medications containing potassium and of potassium-sparing diuretics.
2. Intravenous administration of 300 to 500 ml/hr of 10% dextrose solution containing 10–20 units of insulin per 1,000 ml.
3. Correction of acidosis, if present, with intravenous sodium bicarbonate.
4. Use of exchange resins, hemodialysis, or peritoneal dialysis.

In treating hyperkalemia, it should be recalled that in patients who have been stabilized on digitalis, too rapid a lowering of the serum potassium concentration can produce digitalis toxicity.

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(Continued from Page 487)

June 18–23—**School on Alcoholism and Other Drug Dependencies** (Sponsor: UUMC). Sun-Fri. University of Utah, Salt Lake City. Contact: (801) 538-3956.

July 12–14—**Common Problems in Pediatrics** (Sponsor: UUMC). Wed-Fri. Salt Lake City. Contact: Barbara Saffel, (801) 466-3500.

July 17—**Seventh Annual Update in Clinical Microbiology and Immunology** (Sponsor: UUMC). Mon. Jackson Hole, Wyoming. Contact: Midge Beckman, (801) 581-7480.

July 20—**Laser Surgery: Angioplasty** (Sponsor: UUMC). Thurs. University of Utah Health Science Center, Salt Lake City. Contact: Mike Johnson, (801) 581-3293.

September 28–29—**Laser Surgery: General Surgery ND: YAG, CO** (Sponsor: UUMC). Thurs-Fri. University of Utah Health Science Center, Salt Lake City. Contact: Mike Johnson, (801) 581-3293.

October 12–13—**Laser Surgery: Gastroenterology ND: YAG** (Sponsor: UUMC). Thurs-Fri. University of Utah Health Science Center, Salt Lake City. Contact: Mike Johnson, (801) 581-3293.

WASHINGTON

This listing of continuing medical education programs in Washington state is compiled by the Washington State Medical Association. To list Category 1 programs here please send information at least two months in advance to Continuing Medical Education, Washington State Medical Association, 2033 Sixth Avenue, Suite 900, Seattle, WA 98121; or phone (206) 441-WSMA.

Brochures and registration forms are available from the contact person or organization listed at the end of each course or in the list of course sponsors and contact information.

April 14–15—**Tacoma Surgical Club**. Fri-Sat. Tacoma. Contact: (206) 627-7137.

April 20–21—**Ergonomics**. Seattle. Thurs-Fri. Contact: U/W, (206) 543-1069.

April 22—**AIDS Education**. Spokane. Sat. Contact: UW, (206) 543-3910.

April 26–27—**Computers in Medicine (Clinical Applications)**. Tacoma. Wed-Thurs. Contact: (206) 627-7137.

May 15–17—**Occupational Hazards to Health Care Workers**. Seattle. Mon-Wed. Contact: U/W, (206) 543-1069.

May 17—**Neurology**. Tacoma. Wed. Contact: (206) 627-7137.

May 18–19—**Alzheimers Update**. Seattle. Thurs-Fri. Contact: U/W.

May 20—**AIDS Education**. Everett. Sat. Contact: UW, (206) 543-3910.

June 1–3—**International Symposium on Pediatric NeuroOncology**. Seattle. Thurs-Sat. Contact: U/W.

June 2—**Current Otolaryngology**. Seattle. Fri. Contact: VMMC.

June 26–27—**Advanced Cardiac Life Support**. Tacoma. Mon-Tues. Contact: (206) 627-7137.

July 10–12—**The Best Approach 1989: Sports Medicine**. Seattle. Mon-Wed. Contact: (206) 326-7349.

COURSE SPONSORS AND CONTACT INFORMATION

CME HARBORVIEW—Contact: Gayle Splater, Cytology Continuing Education, Dept. of Pathology, Harborview Medical Center, 325 Ninth Avenue, Seattle, WA 98104. (206) 223-5953.

CME PIERCE COUNTY—Contact: Mrs Maxine Bailey, Executive Director, College of Medical Education, 705 South Ninth, No. 203, Tacoma, WA 98405. (206) 627-7137.

U/W (UNIVERSITY OF WASHINGTON)—Contact: U/W School of Medicine, Div. of CME, SC-50, Seattle, WA 98195. (206) 543-1050.

WSMA—Washington State Medical Association, Continuing Medical Education, 2033 Sixth Ave, Suite 900, Seattle, WA 98121. (206) 441-9762.

VMMC (VIRGINIA MASON MEDICAL CENTER)—Contact: Linda Orgel, Division of Continuing Medical Education, Virginia Mason Medical Center, PO Box 900, Seattle, WA 98111. (206) 223-6898.

WYOMING

June 8–10—**Wyoming Medical Society—Annual Meeting**. Teton Lodge, Jackson. Thurs-Sat. Contact: Wyoming Medical Society, PO Drawer 4009, Cheyenne 82003-4009.

July 17—**Seventh Annual Update in Clinical Microbiology and Immunology**. University of Utah Medical Center at Jackson Hole. Contact: Midge Beckman, (801) 581-7480. ♦



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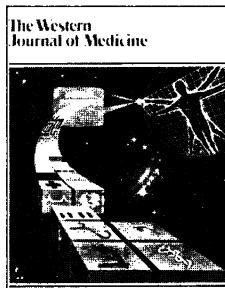
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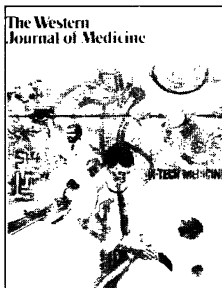
This issue, from the World Health Organization, considers the methods and limitations of AIDS case reporting and HIV serologic studies, summarizes modes of transmission, defines geographic patterns of spread, and examines the epidemiology of HIV infections by continent. Jonathan M. Mann, MD, Special Issue Editor, 1987.

Medical Informatics



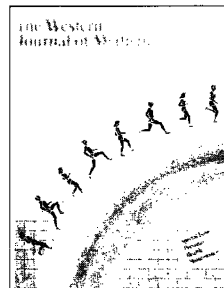
Medical Informatics explores the capabilities and potential capabilities of new electronic methods of collecting, processing, storing, analyzing, and using information to advance medical science and improve patient care. Marsden S. Blois, MD, Special Issue Editor, 1986.

High-Tech Medicine



This issue examines high-tech medicine as it pertains to patient care. Subjects include lasers in ophthalmology, cutaneous laser therapy, magnetic resonance imaging, organ transplantation, positron emission tomography, and modern molecular biology. R. Paul Robertson, MD, Special Issue Editor, 1985.

Personal Health Maintenance



Personal Health Maintenance provides an authoritative guide to disease prevention and health promotion. The contributors are distinguished experts in public health, epidemiology, and clinical medicine. John H. Holbrook, MD, Special Issue Editor, 1984.

Cross-cultural Medicine



Cross-Cultural Medicine is devoted to the care of patients of different cultural, ethnic, or religious backgrounds. Subjects include Southeast Asian refugees in the American health care system, psychiatry and Chinese culture, health and illness in Filipino immigrants, and health care of Middle Eastern patients. M. Margaret Clark, PhD, Special Issue Editor, 1983.

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Alaska State Medical Association—2401 E 42nd Ave, Suite 104, Anchorage 99508. (907) 562-2662. Annual Meeting: June 6-11, 1989, Sheldon Jackson College, Sitka.

Arizona Medical Association, Inc—810 W Bethany Home Rd, Phoenix 85013. (602) 246-8901. Annual Meeting: June 1-3, 1989, Pointe at South Mountain, Phoenix.

California Medical Association—PO Box 7690, San Francisco 94120-7690. (415) 541-0900. Annual Meeting: March 2-7, 1990, Disneyland Hotel, Anaheim.

Colorado Medical Society—PO Box 17550, Denver 80217-0550. (303) 779-5455. Annual Meeting: September 14-17, 1989, Westin Hotel, Vail.

Hawaii Medical Association—1360 S Beretania, Honolulu 96814. (808) 536-7702. Annual Meeting: November 10-12, 1989, Westin Hotel, Maui.

Idaho Medical Association—305 W Jefferson, PO Box 2668, Boise 83701. (208) 344-7888. Annual Meeting: July 27-29, 1989, Sun Valley.

Montana Medical Association—2012 11th Ave, Suite 12, Helena 59601. (406) 443-4000. Annual Meeting: October 5-7, 1989, Missoula.

Nevada State Medical Association—3660 Baker Lane, Reno 89502. (702) 825-6788. Annual Meeting: June 1-4, 1989, Ely.

New Mexico Medical Society—303 San Mateo NE, Suite 204, Albuquerque 87108. (505) 266-7868. Annual Meeting: May 11-13, 1989, Holiday Inn Pyramid, Albuquerque.

Oregon Medical Association—5210 SW Corbett Ave, Portland 97201. (503) 226-1555. Annual Meeting (House of Delegates only): 1990, date and place to be announced.

Utah Medical Association—540 E Fifth South, Salt Lake City 84102. (801) 355-7477. Annual Meeting: September 13-15, 1989, University Park Hotel, Salt Lake City.

Washington State Medical Association—900 United Airlines Bldg, 2033 6th Ave, Seattle 98121. (206) 441-WSMA. Annual Meeting: September 28-October 1, 1989, SEATAC Red Lion, Seattle.

Wyoming Medical Society—PO Drawer 4009, Cheyenne 82003-4009. (307) 635-2424. Annual Meeting: June 8-10, 1989, Teton Lodge, Jackson.

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